

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2554541

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 66571 4. Contact Name: JOAN PROULX
2. Name of Operator: OXY USA WTP LP Phone: (970) 2633641
3. Address: P O BOX 27757 Fax: (970) 2633694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17584-00 6. County: GARFIELD
7. Well Name: SHELL Well Number: 697-34-14B
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Distance: 1236 feet Direction: FNL Distance: 1558 feet Direction: FEL
As Drilled Latitude: 39.478389 As Drilled Longitude: -108.202200

GPS Data:

Data of Measurement: 04/23/2009 PDOP Reading: 2.9 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage

at Top of Prod. Zone Distance: 691 feet Direction: FSL Distance: 1715 feet Direction: FEL
Sec: 34 Twp: 6S Rng: 97W
at Bottom Hole Distance: 989 feet Direction: FNL Distance: 1800 feet Direction: FEL
Sec: 34 Twp: 6S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/13/2008 13. Date TD: 11/17/2008 14. Date Casing Set or D&A: 11/21/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7755 TVD 7268 17 Plug Back Total Depth MD 7674 TVD 718718. Elevations GR 6325 KB 6343

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

ACOUSTIC BOND CEMENT/TEMP; SLIM HOLE WAVE SONIC; HOLE VOLUME LOG; COMPACT QUAD COMBO QUICKLOOK LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	20	16		78		0	78	CALC
SURF	12+1/4	9+5/8		1,087	270	0	1,087	CALC
1ST	7+7/8	4+1/2		7,735	1,252	1,932	7,735	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FORT UNION	2,742		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,160		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,398		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,468		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,959		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,172		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,460		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,567		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LOGS (EXCEPT CBL), DIRECTIONAL SURVEY AND CEMENT SUMMARY WERE SENT WITH PRELIMINARY FORM 5 ON 07/10/2009.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOAN PROULX

Title: REG ANALYST

Date: 5/18/2010

Email: JOAN_PROULX@OXY.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin Director of COGCC

Date: 12/11/2010

Attachment Check List

Att Doc Num	Name
2554541	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Requested log upload. LOGS NOW UPLOADED. DHS	9/17/2010 11:59:17 AM

Total: 1 comment(s)